

AMENDED IN ASSEMBLY AUGUST 30, 2005

AMENDED IN ASSEMBLY JULY 5, 2005

AMENDED IN ASSEMBLY JUNE 16, 2005

AMENDED IN SENATE MAY 31, 2005

SENATE BILL

No. 377

Introduced by Senator Ortiz

February 17, 2005

~~An act to amend Sections 12693.33, 12693.45, and 12693.74 of the Insurance Code, and to amend Section 14012 of the Welfare and Institutions Code, An act relating to health care coverage.~~

LEGISLATIVE COUNSEL'S DIGEST

SB 377, as amended, Ortiz. ~~Administration.~~ *Medi-Cal: dental services.*

~~Existing law establishes the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, to arrange for the provision of health services to eligible persons.~~

~~Existing law also establishes the Medi-Cal program, administered by the State Department of Health Services, that provides certain benefits to qualified recipients. Under existing law, the board and department are required, to the extent allowed by federal law, to develop a joint Medi-Cal and Healthy Families Program application and enrollment form. Existing law makes a subscriber eligible for the Healthy Families Program for a 12-month period and allows disenrollment after 2 consecutive months of nonpayment of the required contribution. Under existing law, the Medi-Cal program requires annual reaffirmation of eligibility. Certain dental services are covered Medi-Cal benefits.~~

~~This bill would require designated programs including the Child Health and Disability Prevention Program (CHDP), to forward information required for the joint Medi-Cal and Healthy Families Program application and enrollment process, subject to parental consent. The bill would require the board and the department to allow a subscriber in the Healthy Families Program and a recipient of services in the Medi-Cal program to continue their eligibility through a simplified check-off form. The bill would delete authority to disenroll an applicant for failure to pay the requisite family contribution under the Healthy Families Program except after providing 30 days' written notice, and would require the board to develop a schedule for payment of the delinquent contributions under certain circumstances. The bill would become operative only if funding is provided in the annual Budget Act and federal financial participation is available.~~

This bill would declare that the Legislature has appropriated money in the Budget Act of 2001 and each subsequent Budget Act thereafter, for the provision under the Medi-Cal program of nonemergency benefits for the prevention and treatment of dental and periodontal disease for beneficiaries during pregnancy to prevent premature deliveries and low-birth weights. The bill would require the department to immediately implement the provision of these services by informing Denti-Cal and other Medi-Cal providers through provider bulletins that these benefits are included for pregnant beneficiaries. The bill would require the department to adopt regulations to implement the provision of these services on or before January 1, 2008, and would provide that implementation by provider bulletin of this provision shall not be delayed pending the adoption of these regulations.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. (a) In the Budget Act of 2001 and each
- 2 subsequent Budget Act thereafter, the Legislature has
- 3 appropriated money for the provision under the Medi-Cal
- 4 program of nonemergency benefits for the prevention and
- 5 treatment of dental and periodontal disease for beneficiaries

1 *during pregnancy to prevent premature deliveries and low-birth*
2 *weights.*

3 *(b) These preventive and treatment dental services for*
4 *pregnant women result in net savings to the Medi-Cal program*
5 *by avoiding the far more costly medical and other interventions*
6 *needed to treat and care for premature and low-birth weight*
7 *disabled newborns immediately at birth and throughout life.*

8 *(c) It is the intent of the Legislature to reaffirm its commitment*
9 *to the provision of the benefits described in subdivision (a) for*
10 *which money has consistently been appropriated.*

11 *(d) Therefore, the State Department of Health Services shall*
12 *immediately implement the provision of services described in*
13 *subdivision (a) by clearly informing Denti-Cal and other*
14 *Medi-Cal providers through a provider bulletin or bulletins that*
15 *the services described in subdivision (a) are included Medi-Cal*
16 *benefits for pregnant beneficiaries.*

17 *(e) (1) On or before January 1, 2008, the department shall*
18 *adopt regulations in accordance with the rulemaking*
19 *requirements of Chapter 3.5 (commencing with Section 11340) of*
20 *Part 1 of Division 3 of Title 2 of the Government Code to*
21 *implement the provision of services described in subdivision (a).*

22 *(2) Notwithstanding the rulemaking requirements of Chapter*
23 *3.5 (commencing with Section 11340) of Part 1 of Division 3 of*
24 *Title 2 of the Government Code, the implementation by provider*
25 *bulletin required under subdivision (d) shall not be delayed*
26 *pending the adoption of administrative regulations.*

27 ~~SECTION 1. This act shall become operative only if the~~
28 ~~Legislature provides full funding for its operation in the annual~~
29 ~~Budget Act.~~

30 ~~SEC. 2. Section 12693.33 of the Insurance Code is amended~~
31 ~~to read:~~

32 ~~12693.33. (a) To the extent feasible and permissible under~~
33 ~~federal law and with receipt of necessary federal approvals, the~~
34 ~~State Department of Health Services and the board shall develop~~
35 ~~a joint Medi-Cal and Healthy Families Program application and~~
36 ~~enrollment form for children. The department shall seek any~~
37 ~~federal approval necessary to implement a combined application~~
38 ~~form. If information not included in this application form is~~
39 ~~required to determine eligibility for Medi-Cal or the Healthy~~
40 ~~Families Program, the State Department of Health Services and~~

1 the board are authorized to obtain that information from the
2 applicant.

3 (b) The Head Start program, state-subsidized child care
4 programs, and the Child Health and Disability Prevention
5 Program (Article 6 (commencing with Section 124025) of
6 Chapter 3 of Part 2 of Division 106 of the Health and Safety
7 Code) shall, only with express notification to, and approval of,
8 the parent or guardian, forward to the single point of entry
9 information that the program already has on file that relates to the
10 joint application and that is required for the joint Medi-Cal and
11 Healthy Families Program application process described in
12 subdivision (a), and that information may be used to determine
13 eligibility for those programs. The single point of entry shall
14 conduct an application assessment and determine if additional
15 information is needed to complete the joint application or to
16 determine eligibility for Medi-Cal or the Healthy Families
17 Program.

18 (c) The forwarding, acceptance, and storage of information
19 under the provisions of this section shall protect and safeguard
20 the privacy and confidentiality of applicants and of enrollees.
21 Information and documentation about an applicant or enrollee
22 shall not be used, shared, or disclosed except to determine
23 eligibility for Medi-Cal or the Healthy Families Program,
24 including outreach and followup. Disclosure of or access to
25 information concerning applicants or enrollees shall be restricted
26 to persons or agency representatives who are subject to standards
27 of privacy and confidentiality that are no less protective than
28 those required by this subdivision. This subdivision shall apply to
29 all requests for information from outside sources, including, but
30 not limited to, governmental agencies, the courts, or law
31 enforcement officials.

32 SEC. 3. Section 12693.45 of the Insurance Code is amended
33 to read:

34 12693.45. (a) Except as provided in subdivision (c), after
35 two consecutive months of nonpayment of family contributions
36 by an applicant, and after not less than 30 days' written notice is
37 provided to the applicant, subscribers or purchasing credit
38 members may be disenrolled for an applicant's failure to pay
39 family contributions. The board may impose or contract for
40 collection actions to collect unpaid family contributions.

1 ~~(b) Subject to any additional requirements of federal law,~~
2 ~~disenrollments shall be effective at the end of the second~~
3 ~~consecutive month of nonpayment.~~

4 ~~(c) Prior to disenrollment for failure to pay family~~
5 ~~contributions for two consecutive months, the board shall notify~~
6 ~~the family of its delinquent status and provide the family the~~
7 ~~option to pay the outstanding amount of contributions and remain~~
8 ~~enrolled in the program if the family returns an acknowledgment~~
9 ~~of the delinquent status and a signed intention to pay the~~
10 ~~outstanding amount. The board shall develop a schedule to allow~~
11 ~~the family to pay the delinquent family contributions. The board~~
12 ~~shall adopt regulations setting forth a process for developing the~~
13 ~~notifications and schedules required by this subdivision.~~

14 ~~SEC. 4. Section 12693.74 of the Insurance Code is amended~~
15 ~~to read:~~

16 ~~12693.74. Subscribers shall continue to be eligible for the~~
17 ~~program for a period of 12 months from the month eligibility is~~
18 ~~established. The renewal forms used by the board shall provide a~~
19 ~~simplified checkbox and signature space for a family to~~
20 ~~complete, and which shall be sufficient to indicate if no change~~
21 ~~has occurred in the family's circumstances since the date of the~~
22 ~~original application or last renewal.~~

23 ~~SEC. 5. Section 14012 of the Welfare and Institutions Code is~~
24 ~~amended to read:~~

25 ~~14012. Reaffirmation shall be filed annually. The~~
26 ~~reaffirmation shall provide a simplified checkbox and signature~~
27 ~~space for a recipient to complete, and which shall be sufficient to~~
28 ~~indicate if no change has occurred in the recipient's~~
29 ~~circumstances since the date he or she last filed a reaffirmation.~~

30 ~~SEC. 6. The provisions of this act shall be implemented only~~
31 ~~to the extent that federal financial participation is available for~~
32 ~~the purposes of the act.~~